Office of Vermont Health Access
Questions and Answers from CCMP Bidders Conference 11/9/06

1. Q: In our proposal, should we include our PDSA cycles – which add to the cost -- or should we not include them because the State will be conducting its own PDSA cycles that will be lead by a separate State consultant.

A: The State would like to see both options in your proposal, if that is possible.

2. Q: Are there opportunities to mandate the completion of the HRA, in order to improve the return rate?

A: We cannot mandate completion of an HRA. However, the State would encourage the vendor to direct the most effort toward individuals with the greatest care management needs. Also, after the first approximately 2 years, Medicaid hopes to administer HRA's to the entire Medicaid population, depending on available funding.

3. Q: If the State is identifying the 1st 25,000, will they be then identifying the additional, subsequent groups of 15,000 targeted to complete HRAs?

A: Yes

4. Q: As a vendor will we continue to get claims data on the additional 15,000 groups in order to stratify and target our efforts?

A: Yes

5. Q: Will the original claims data on the first 25,000 be refreshed?

A: Yes

6. Q: Will there be a scrub on the 25,000 to accommodate the CC piece so we're not doing dual work?

A: Yes

7. Q: We will have new people coming in from referrals, etc. Should our proposal reflect those numbers?

A: For the purpose of the proposal, please use the approximately 25,000 number in order to enable consistent review across each of the bids. However, in practice we acknowledge the numbers will fluctuate.

8. Q: For the Blueprint, are you using an HRA today, or using claims stratification?

A: Blueprint activities are targeted to the practice; micro systems changes are directed at Diabetics, but will apply to other patients in the practice as well.

9. Q: We did not receive clinical laboratory value data in the claims extracts. Will we get that information in the future?

A: The State doesn't receive lab value data, and we don't anticipate getting it for at least the next year.

10. Q: Inconsistent instructions were given in the RFP regarding the page limit. Is it 20 single or double-sided pages?

A: We apologize for the inconsistent information. Please limit responses to 20 single sided or 10 double sided pages.

11. Q: Editor's Note: There were a number of questions/comments about the 20 page limit, and bidders requested that the State reconsider this page limit.

A: The State agreed to take a closer look at this. We have made the following adjustment to the 20 page limit. Included in the limit are:

- **Executive Summary**
- **Capability including background, experience, overall approach and management philosophy**
- **Work Plan with Schedule**
- **Organization and Staffing**
- **IVS Bidder Response to 4.2.1 #7**

Not included in the 20 page limit are:

- **Transmittal Letter**
- **Table of Contents**
- **Bidder Information Sheet**
- **References**
- **Financial Statements**
- **IVS Bidders Only (Section 8.3)**
- **Completed VT Tax Certification**
- **Cost Proposal**
- **Any other proposal elements**

12. Q. Will there be any emphasis made on contractors who have a presence currently in Vermont? Any preference for a firm that is already established in Vermont?

A. Proposals need to demonstrate a commitment to integration, and it is difficult to envision that without some kind of presence here, although that presence need not have been established prior to this contract.

13. Q. Is there a baseline snapshot of the clinical measures that are listed in the appendix?

A. No, we don't have that information. These outcome measures can be used in several different ways: longitudinally, with those beneficiaries who are enrolled in the program and as a reference compared with those beneficiaries who decline to participate.

14. Q (Comment). The measures indicated include many items that require self-reported information to measure, or extensive provider chart reviews

15. Q. As the Blueprint is developing other measures, is our challenge to address measures that are just not what are on the page now, but may be coming in the future?

A. Yes.

16. Q. Clinical measures: claims data, patient self-report, and chart reviews in provider's office. That is a significant cost point in the proposal.

A. It is not necessary to review every chart in order to get a good indication of progress. However, if you believe chart reviews are necessary, cost that out as a separate component.

17. Q. Given that there are so many clinical measures listed in the appendix, that the monitoring of all of those measures will be challenging and expensive, and that different vendors may choose to monitor different measures at greatly varying costs, can the State choose just a handful of measures that give the "biggest bang for the buck" rather than require that the vendor address all of them.

A. The State feels strongly that clinical interests should drive program development, rather than administrative. Therefore, if clinical evidence indicates that each of the many best-practice measures is important, we will ask that the vendor promote adherence to all of them. However, the burden of monitoring for those measures is shared by the State. We are in the process of contracting with a consultant who will help us to monitor and continuously evaluate program process. Therefore, the vendor is free to select whatever measures they wish to evaluate for their internal needs, and in the proposal we suggest the vendor clearly differentiate the monitoring costs from the intervention costs.

18. Q. Is it permissible for HRA-only bidders to propose a tool? Because there a wide variety of HRA's that could be used, what tool should be used for the purpose of developing a proposal?

A. In order for the State to consistently evaluate bids for HRA administration, for the purpose of the proposal HRA bidders should use the SF-36v2™ Health Survey (Version 2.0) which can be accessed at http://www.sf-36.org/ **Please remember that**

the actual choice of HRA is likely to change based upon the needs of the IVS vendor and the State.

19. Q. If bidders are responding to both the HRA and IVS sections of the RFP, what is the total page limit?

A. 40 pages total. Vendors can provide one longer proposal that incorporates the two requests, or two shorter proposals. If you give the State the option to choose one or both aspects of the project, please indicate that and be sure the cost and narrative proposals accurately reflect those options.

20. Q. Is the Blueprint Chronic Disease Registry currently in place? What is the connectivity with the physician practices?

A. The Chronic Care Information System has not yet been deployed, but is expected to be in place early to mid 2007. It will be web-based, linked to their EMR data.